



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 530453		2. Exact name of the Corporation Evergreen Plumbing & Heating Co., Inc.			
3. Principal Office Address 2 Evergreen Avenue		City Warwick		State RI	Zip 02888
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island HVAC Plumbing			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John M. Mastroianni		Vice-President Name Giuseppe Mastroianni			
Street Address 2 Evergreen Avenue		Street Address 2 Evergreen Avenue			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name John M. Mastroianni		Treasurer Name John M. Mastroianni			
Street Address 2 Evergreen Avenue		Street Address 2 Evergreen Avenue			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ralph Lonardo		Director Name Peter Neri			
Street Address 2 Evergreen Avenue		Street Address 2 Evergreen Avenue			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Kevin Esancy		Director Name None			
Street Address 2 Evergreen Avenue		Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative John M. Mastroianni					Date 3/16 , 2023
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021